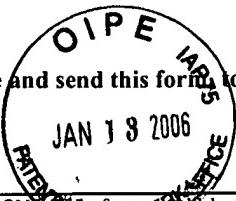


**PART B - FEE(S) TRANSMITTAL**

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
or Fax (571) 273-2885



**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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21611 7590 12/09/2005

**SNELL & WILMER LLP**  
600 ANTON BOULEVARD  
SUITE 1400  
COSTA MESA, CA 92626  
01/17/2006 CNGUYEN3 00000073 192814 10614442

01 FC:2501 700.00 DA  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Tanya K. Vakilpiboone	(Depositor's name)
	(Signature)
January 9, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/614,442	07/03/2003	Shannon R. Schwenn	42522.0817	7736

TITLE OF INVENTION: MODULAR ADJUSTABLE PROPHYLACTIC HIP ORTHOSIS AND ADDUCTION/ABDUCTION JOINT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	03/09/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS		
WIEKER, AMANDA FLYNN		3743	602-016000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address Form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Orthomerica Products, Inc.

Newport Beach, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

Issue Fee  
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4b. Payment of Fee(s):

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-2814 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date January 9, 2006

Typed or printed name

Ketan S. Vakil, Esq.

Registration No. 43,215

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMITTAL OF PAYMENT OF ISSUE FEE (Small Entity)  
 (37 C.F.R. 1.311)

Docket No.  
 42522-0817

Applicant(s) Shannon R. Schwenn et al.



Application No. 10/614,442	Filing Date July 3, 2003	Examiner Amanda Flynn Wieker	Customer No. 21611	Group Art Unit 3743	Confirmation No. 7736
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Invention: MODULAR ADJUSTABLE PROPHYLACTIC HIP ORTHOSIS AND ADDUCTION/ABDUCTION JOINT

Mail Stop Issue Fee  
 COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
Alexandria, VA 22313-1450

Transmitted herewith are the following for the above-identified application.

- Issue Fee Transmittal Form PTOL-85
- Utility Fee: \$ 700.00       Design Fee: \_\_\_\_\_       Plant Fee: \_\_\_\_\_
- Publication Fee: \$ 300.00
- A check in the amount of \_\_\_\_\_ is attached.
- The Director is hereby authorized to charge and credit Deposit Account No. 19-2814 as described below.
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**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

Signature

Dated: January 9, 2006

Ketan S. Vakil, Esq.

Reg. No.: 43,215

Snell & Wilmer L.L.P.

600 Anton Boulevard, Suite 1400

Costa Mesa, CA 92626-7689

Phone: 714-427-7405

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01/09/2006

(Date)

Signature of Person Mailing Correspondence

Tanya Kiatkulpiboon

Typed or Printed Name of Person Mailing Correspondence